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Applicants : Hideho UNE et al.
Serial No. : 09/583,375
Filed : May 30, 2000
For : COLOR IMAGING APPARATUS AND METHOD
Art Unit : 2721

745 Fifth Avenue
New York, New York 10151
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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
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Washington, D.C. 20231, on August 10, 2000

Glenn F. Savit, Reg. No. 37,437

Name of Applicant, Assignee or
Registered Representative

Signature

August 10, 2000

Date of Signature

REQUEST FOR CORRECTED FILING RECEIPT

Application Processing Division
Customer Correction Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

This is a Request to correct the Filing Receipt issued in the above-identified application.

Under Drawings:

Please correct the total number of drawings from "10" to

--8--.

The foregoing changes are needed to correct inadvertent errors, as evidenced by the Declaration submitted with the patent

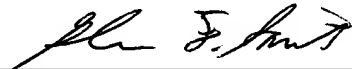
application. A copy of the Filing Receipt with the requested correction(s) noted thereon in red ink is enclosed.

The issuance of a corrected Filing Receipt is respectfully requested.

Please charge any fees required for this correction or credit any overpayment to Deposit Account No. 50-0320.

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: 

Glenn F. Savit
Reg. No. 37,437
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FILING RECEIPT

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**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**Address: ASSISTANT SECRETARY AND
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	NOT CLAIMS	IND CLAIMS
09/583,375	05/30/2000	2721	690	450100-02519	108	2700 MAIL ROOM	SEP - 7 2000

William S Frommer Esq
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DOCKETED

Date Mailed: 07/27/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Hideho Une, Tokyo, JAPAN;
Noriko Chino, Kanagawa, JAPAN;

Continuing Data as Claimed by Applicant**Foreign Applications**

JAPAN P11-152934 05/31/1999

If Required, Foreign Filing License Granted 07/26/2000**Title**

Color imaging apparatus and method

Preliminary Class

382

Data entry by : BROWN, ROSCOE**Team : OIPE****Date: 07/27/2000**

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Bib Data Sheet

SERIAL NUMBER 09/583,375	FILING DATE 05/30/2000 RULE -	CLASS 382	GROUP ART UNIT 2721	ATTORNEY DOCKET NO. 450100-02519
APPLICANTS Hideho Une, Tokyo, JAPAN; Noriko Chino, Kanagawa, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN P11-152934 05/31/1999				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/26/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 10
INDEPENDENT CLAIMS 2				
ADDRESS William S Frommer Esq c/o Frommer Lawrence & Haug LLP 745 Fifth Avenue New York, NY 10151				
TITLE Color imaging apparatus and method				
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	